



U.S. Department of
Transportation
Office of the Secretary
of Transportation

REPORT OF SURVEY FOR LOST, DAMAGED, OR DESTROYED PERSONAL PROPERTY

(Submit a separate report for each category—lost, damaged, or destroyed)

Date Prepared

Survey Case Number

Primary Organization Unit (Dept. Element)

Office or Station Reporting (Org. Symbol)

Location

STOCK NUMBER AND DESCRIPTION

QUANTITY

UNIT PRICE

TOTAL COST

GRAND TOTAL

\$ _____

Explain the circumstances causing this report to be filed. Attach additional pages, statements, or exhibits as necessary.

The information given above is true and correct to the best of my knowledge and belief.

*Signature of Property Custodian
(or person preparing the report.)*

Typed Name, Title and Date

SUPERVISOR'S STATEMENT.

- ☐ I have reviewed the information above and the supporting statement(s) and have nothing further to offer.
☐ I have an additional statement (attached).

Signature of Supervisor

Typed Name, Title and Date

PROPERTY MANAGEMENT OFFICER'S STATEMENT.

I have reviewed the information included in this report; the description and pricing is correct; a survey report case number has been assigned and recorded; and the following actions have been taken to correct the circumstances reported above. (Attach pages as necessary).

Referred to Survey Officer/Survey Board on _____ (date).

Signature

Typed Name, Title and Date

FACTS, CONDITIONS FINDINGS, ETC. of the Survey Officer or Survey Board. *(use additional sheets if necessary).*

I (we) have examined all available evidence as outlined in the attached exhibits and have personally investigated the same and it is my (our) belief that the article(s) listed, total cost \$ _____ was (were)

(If pecuniary liability is recommended include name(s) of person(s) to be held and the amount(s).)

Typed Name and Signature of Chairman or Survey Officer

Date

Member

Date

Member

Date

Member

Date

Member

Date

APPROVING OFFICIAL'S Conclusions and disposition instructions.

- ☐ a. Concur.
☐ b. Do not concur. *(State action to be taken.)*

Signature

Typed Name and Title

Date

FINAL ACTION

The instructions of the Approving Official regarding disposition of the property have been accomplished and appropriate disposal action taken, abandonment, or destruction has been accomplished and witnessed as indicated. Property Accountability records have been properly adjusted and voucher(s) processed to adjust the fiscal records.

Property Management
Officer

Signature

Date

DESTRUCTION OR ABANDONMENT WAS ACCOMPLISHED BY _____
IN MY PRESENCE.

Witness

Signature

Typed Name and Title

Date